

Foster Family Home - Corrective Action Report

Provider ID: 1-110059

Home Name: Imelda Del Rosario, CNA

Review ID: 1-110059-8

3402 A Maluhia Street

Reviewer: David Ayling

Honolulu

HI 96816

Begin Date: 6/17/2019

Foster Family Home

Required Certificate

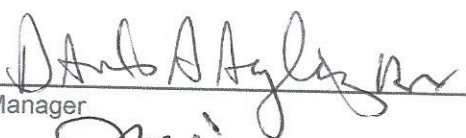
[11-800-6]


6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 6/17/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

6/17/19
Date

06/17/19
Date